RECEIVED Sloylleoyo cc: Peter DEC 1 0 2013 Task: 5759

Form MR-REV-SMO (DOGM – Revise/Amend Change Form) (Revised November 21, 2006)

Operator:

Mine Name:

DIV. OF OIL, GAS & MINING

Application to Revise a Notice of Intention to Commence Small Mining Operations or Exploration

File Number: E or(S) 041 / 0040

ROLLING THUNDER R&D

	SI	NAKE VA	ALLEY MINE	
all maps	a detailed listing s and drawings th numbers as part	at are to be	added, replaced, or remove	required as a result of this change. Individually list ed from the Notice. Include page, section and
AND THE RESERVE OF THE PERSON		DETAIL	ED SCHEDULE OF CHAN	IGES TO THE NOTICE
			Description of map, text,	or materials to be changed
" ADD	REPLACE	" REMOVE	PAGE 2, FORM MR-	SMO
~ ADD	" REPLACE	~ REMOVE		
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applicat	certify that I am ion is true and c e to commitmer MICHAEL TE	orrect to the orrect to the	e best of my information a gations, herein.	nt and that the information contained in this and belief in all respects with the laws of Utah in
Print Nar				ame, Position
			Dog	cember 6, 2013
			Date	Sember 6, 2013
Return	to:			
Return	State of Utah Division of Oil			FOR DOGM USE ONLY:
Attn: Minerals Regulatory Program 1594 West North Temple, Suite 1210 Box 145801 Salt Lake City, Utah 84114-5801 Phone: (801) 538-5291 Fax: (801) 359-3940 P:\GROUPS\MINERALS\WP\FORMS\Notices\Final\revision_SMO_EXP.doc				File #: M/ / Approved: Bond Adjustment: from (\$) to \$

2.C. Entity's Representative(s) (if different from #2A) authorized and designated to receive notices of violation, cessation orders, and all other notices to be given to the permittee or operator by the Division.

Name:				CONSULTANT
Address:		447 N 300 V	W, SUITE 3	
City, State, Zip:		KAYSV	ILLE, UT 84037	
Phone:	(801) 544-3421	Fax:	(801) 544-4554	
Emergency, \	Weekend, or Holi	iday Phone:		
E-mail Address:	OJO	iday Phone: GATTEN@NAE-XPLORA	ATION.COM	
Name:			Title:	
Address:				
City, State, Zip:				
Phone:		Fax:		<u> </u>
Line geney,	vvcckcha, or rion	day Phone:		
If Business is a Sol Name of Owner:	le Proprietor (db	oa) or Individual:	Title [.]	
Business Addres	SS:			
Phone:		Fax:		
F-mail Address:				
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If Business is a Co	rporation:			
Name of Officers	s: MIC	CHAEL D TERRY	Title:	MANAGER
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ivame:	LEAD AND LEADING MADE		I itle:	
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Headquarters Ac	ddress.	447 NOF	RTH 300 WEST. SUIT	E 3
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Headquarters Ac City, State, Zip: Phone: E-mail Address:	(801) 367-4009	KAYSVI Fax: anasaziking747@aol.0	(801) 544-4554 com	
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